



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
DELAWARE BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE

Enter Name and Address of Contact to Whom Response Should Be Mailed:

To assure that a course is acceptable for continuing education (CE) credit, complete and submit this application no later than **ten business days** before the Board's meeting to the address above. Enclose:

- **course outline, brochure, agenda with breakdown of time allotted for each part of course content**
- **CV (curriculum vitae) or resume of the instructor**

THIS SECTION IS COMPLETED BY APPLICANT

Applicant Name: _____ Delaware Electrical License #: _____

Address: _____
Street City State Zip code

Name of Provider: _____

Contact Person: _____ Phone: _____

Address: _____

City State Zip Code

E-Mail Address: _____ Website URL: _____

Course Title: _____

Date(s) Offered: _____ Hours Requested: _____

THIS SECTION IS COMPLETED BY BOARD OFFICE.

☐ **Approved for _____ hours. Course Approval # _____ Approval Expires: 9/1/2011**

CERTIFICATES WITHOUT A COURSE APPROVAL NUMBER WILL NOT BE ACCEPTED!

Course certificates must include:

- Board Review Date (above)
- Board approval number (above), and
- Course title as shown above.

☐ Pending: _____

☐ Denied for the following reason:

☐ Not directly related to professional growth.

☐ Other: _____